

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

BUREAU OF VITAL STATISTICS		ARIZONA STATE BOARD OF HEALTH		STANDARD CERTIFICATE OF DEATH	
1. PLACE OF DEATH		County <u>Maricopa</u> State <u>Tollison</u>		State File No. <u>272</u>	
District or Township <u>Phoenix</u>		City <u>Phoenix</u>		Registered No. <u>254</u>	
2. FULL NAME <u>Doris Ailene Coppinger</u>		No. <u>Tollison</u>		Ward <u></u>	
(a) Residence, No. <u>Tollison</u>		St. <u></u>		Ward <u></u>	
(Usual place of abode)		Length of residence in city or town where death occurred yrs. mos. ds.		(If non-resident, give city or town and State)	
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. COLOR or RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED or DIVORCED <u>single</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u></u>					
6. DATE OF BIRTH (month, day and year) <u>Aug. 28, 1927</u>					
7. AGE	Years <u>5</u>	Months <u>21</u>	If LESS than 1 day hrs. or min.		
8. OCCUPATION OF DECEASED					
(a) Trade, profession, or particular kind of work <u></u>					
(b) General nature of industry, business or establishment in which employed (or employer) <u></u>					
(c) Name of employer <u></u>					
9. BIRTHPLACE (city or town) (State or country) <u>Phoenix, Ariz.</u>					
10. NAME OF FATHER <u>Joseph Coppinger</u>					
11. BIRTHPLACE OF FATHER (city or town) (State or country) <u>Oklahoma</u>					
12. MAIDEN NAME OF MOTHER <u>Bradshaw</u>					
13. BIRTHPLACE OF MOTHER (city or town) (State or country) <u>Phoenix</u>					
14. Informant <u>Joseph Coppinger</u> (Address) <u>Tollison</u>					
15. Filed <u>2-21-28</u> Registrar <u>[Signature]</u>					
MEDICAL CERTIFICATE OF DEATH					
16. DATE OF DEATH <u>2-19-28</u> Day Year					
17. I HEREBY CERTIFY, That I attended deceased from <u>Feb 10</u> 19 <u>28</u> to <u>Feb 19</u> 19 <u>28</u> that I last saw her alive on <u>Feb 18</u> 19 <u>28</u> and that death occurred, on the date stated above, at <u>10:30A</u> The CAUSE OF DEATH* was as follows: <u>Bronchial Pneumonia</u>					
CONTRIBUTORY (Secondary) (duration) yrs. mos. ds. <u>10</u>					
18. Where was disease contracted If not at place of death? <u></u>					
Did an operation precede death? <u></u> Date of <u></u>					
Was there an autopsy? <u></u>					
What test confirmed diagnosis? <u>[Signature]</u> (Signed) <u>Feb-20</u> 19 <u>28</u> (Address) <u>Phoenix</u> M. D.					
* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space).					
19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Forest Lawn</u> DATE OF BURIAL <u>2-21-28</u>					
20. UNDERTAKER <u>A. L. MOORE & SONS</u> ADDRESS <u></u>					